

## PERMISSION TO START CONSTRUCTION REQUEST

Completion of this form is voluntary, however, construction cannot be started until approval has been received from the Department. Obtain additional forms by calling 608-243-2088 or FAX 608-243-2045.

Facility Name			Date Plans Received (By HFS)
Street Address			State Project ID No. (By HFS)
City	State	Zip Code	County
Project Description			

We, the undersigned, request to begin (**check one**)

☐ **FOOTING AND FOUNDATION WORK ONLY**      ☐ **REMODELING PROJECT – DEMOLITION WORK ONLY**  
prior to approval of the plans in accordance with COMM 61, HFS 124.27(5) and HFS 132.84(17)(b). Submit this form with the DDE-2333 Plan Approval Application and appropriate fees (page 3 of the Plan Approval Application, Miscellaneous Fees).

- We understand that the Department at this time may not have completed a detailed review.
- We have reviewed the specific code requirements for the building or structure and its use, as set forth in COMM 61-65, and HFS 124, HFS 132, or HFS 134, and have shown compliance on the drawings where applicable.
- **We agree to make any changes required after the plans have been reviewed and to remove or replace non-code complying parts of the building or structure.**
- We understand that, prior to the start of construction, a Building Permit may be required from the local authorities having jurisdiction in accordance with the laws and ordinances.
- We understand that if this project is in an unsewered area, a sanitary permit must be obtained prior to the issuance of a local building permit, s 101.12(3)(h), Wis. Stats.
- We understand that if this project will disturb 1 or more acres of land, an **EROSION CONTROL NOTICE OF INTENT**, per COMM 50.115 and NR 216.47, shall be filed with the Department.

**KEEP A COPY OF THIS FORM FOR YOUR FILE – SUBMIT ORIGINAL WITH FORM DDE-2333 TO:**

Bureau of Quality Assurance  
Health Services Section  
2917 International Lane, Suite 300  
Madison WI 53704-3100

<b>SIGNATURE – Owner (in INK)</b>			<b>SIGNATURE – Designer (in INK)</b>		
Title	Date Signed		Name – Designer (print or type)	Date Signed	
Name - Owner (print or type)			Name – Designer Firm (print or type)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code

DEPARTMENT ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Reviewed By	Date
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**Review Comments:**